



PO Box 508
Barton, VT 05822
802-525-9506
Application for Employment
Equal Opportunity Employer

Application Number: _____ Date: _____

Project: _____

Note: This application is valid for 1 year. If you wish to be considered for employment after this 1 year period, a new application must be completed.

Personal Information

Name: _____

Present
Address: _____
Street City State Zip

Permanent
Address: _____
Street City State Zip

Phone Number _____ Are you 18 years of age or older? Yes _____ No _____

Employment Desired

Position: _____ Date you can start: _____ Salary Desired: _____

Are you employed now? Yes _____ No _____

If yes, may we inquire with our present employer? Yes _____ No _____

Have you ever been employed by this company before? Yes _____ No _____

If yes, Where? _____ When? _____

Were you referred to this company by anyone? Yes _____ No _____

If yes, Who referred you? _____



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Education

	<u>Name and Location of School</u>	<u>No. of Years Attended</u>	<u>Did You Graduate</u>	<u>Subject Studied</u>
High School				
College				
Trade or Business				

General

Subjects of special study or research work: _____

Military Service: Yes _____ No _____ Rank: _____

Present Membership on National Guard or Reserves: _____



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Former Employers

(List your three last jobs, starting with your most recent job)

<u>Dates</u> (Month/Year)	<u>Name and Address of Employer</u>	<u>Name of Supervisor</u>	<u>Position</u>	<u>Reason for Leaving</u>	<u>May we Contact?</u>
From:					Yes
To:					No
From:					Yes
To:					No
From:					Yes
To:					No

References

(Give names of three persons, not related to you, whom you have known at least one year.)

	<u>Name</u>	<u>Address & Phone</u>	<u>Business</u>	<u>Yrs. Acquainted</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____



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Certification

“I certify that the information in this application is true and understood that misrepresentations or false or omitted facts may result in my termination, regardless of the time of discovery by the company. I also understand that, if hired, my employment is for no definite period and may be terminated at any time without written notice and that, absent a written contract signed by the President of the Company, I will remain an at-will employee and can be terminated at any time without notice. As to termination of employment, this is the only agreement, and this is a complete agreement.

I authorize investigation of the statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information such as References may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

_____ Date

_____ Signature

Do Not Write Below This Line

Interviewed By: _____ Date: _____

Hire: Yes _____ No _____ Position: _____

Date Reporting to Work: _____